THE FAILING AVIATOR

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Background

- Like “fear of flying,” the “failing” aviator is NOT a diagnosis, but a concept to keep in mind.
- Also like f-o-f, when considering the failing aviator, flying is almost never the real stressor
- Historically seen in the older or middle-aged aviator with multiple stressors

Background (cont.)

- The aviator population today is much more heterogeneous regarding gender and ethnicity
- Failing aviators today may present with more subtle signs and symptoms of poor stress

The Failing Aviator

- References:
  - Handout
  - COMNAVAIRPACINST 5420.2B/ COMNAVAIRLANTINST 5420.5C/ COMNAVAIRESFORINST 5420.2 (SOP on Human Factors Council and Human Factors Board) - encl. (5)

Personality Traits of Healthy Aviators

- Healthy aviators of both sexes score about the same on certain standard psychological tests
- NEO-PI-R: emotionally stable
  conscientious
  extroverted
- Healthy traits: self-reliant
  achievement-oriented
  adventurous

Coping Styles of Healthy Aviators

- **DEFENSE MECHANISMS**:

  denial rationalization

  suppression

  intellectualization

- **COMPARTMENTALIZATION:**

  ability to ignore (exclude from consciousness) distractions that do not contribute to flying

Healthy Female Aviators

- Compared to females in the general population, female aviators are:

less modest

less agreeable

more emotionally stable

more conscientious

Why is it difficult to recognize the failing aviator?

- The failing aviator is reluctant to acknowledge problems:
  - denial is a normal defense
  - stigma of psychiatric illness
  - fear of extrusion from the group
  - belief that psychiatric treatment equates with the end of flying

Difficulties in Recognizing the Failing Aviator

- The “organization” (peers, supervisors, flight surgeon) is ***reluctant to express concerns*** about its members
- Reasons:
  - fear of “contamination” (if it happened to “Viper”, it could happen to me)
  - reluctance to admit that “one of us” failed

Underlying Stressors for the Failing Male Aviator

- **Relationship/family problem**
- **Work problem:**
  - personality conflict with the chain-of-command
  - middle management problem
  - poor fitness report
  - feeling that work not appreciated
- **$$$-career-family/risks-rewards**
- **Environment (machine)/Mission**
  - deployments, moves, pulling G’s, etc.

Behavior of the Failing Male Aviator (Dully, 1983)

- “Acting out”
- displays of bravado
- macho posturing
- abandon

- risk-taking behavior:
  - sexual promiscuity
  - dangerous sports
  - alcohol abuse
  - reckless driving
  - flying “outside the envelope”

Most Common Diagnoses

- Adjustment Disorders
- Marital Problem
- Phase of Life Problem
- Maladaptive Personality Traits (O/C, Narcissistic, P/A)

How will the failing female aviator behave?

Literature is sparse!

- Berg and Moore (1997): “Behavioral and Emotional Manifestations of the Failing Female Aviator”
- Conclusion: ***The failing female aviator may present in less dramatic fashion and thus may not be recognized by the flight surgeon***

Why might female and minority aviators deny feeling stressed?

- Same reasons as the “guys”
- Need for acceptance by the established group of male aviators
- Desire to avoid being labeled as a “weak” female

Study by Berg and Moore (96)

- Case review of 12 failing female aviators (referred for psychiatric evaluation due to performance difficulties)
- Student and designated Naval pilots and flight officers

Symptoms of Failing Female Aviators

- anxiety
- insomnia
- tearfulness
- depression
- irritability
- guilt
- hopelessness
- lowered self-esteem
- loneliness
- In general, emotional distress was internalized

Behaviors of Failing Female Aviators

- aviation performance problems
- social withdrawal
- *NO* impulsive risk-taking!

Underlying Concerns for these Women

- 75% relationship problem
- 25% death of a close friend in an aviation mishap
- 25% perceived sexual harassment/ hostile work environment

Psychiatric Diagnosis

- Adjustment Disorder was most common
- Same diagnoses as the male failing aviators

ROLE OF THE FLIGHT SURGEON

- ***Cannot be overstated!!!***
- Your effectiveness in the squadron hinges on your ability to detect problems early, intervene ***effectively*** (decisively and fairly balancing the needs of the Navy and the individual), and get the aviator flying **SAFELY**
- Ensure active participation in the HFC/B

Recommendations for the Flight Surgeon

- Be aware of the differences among stressed aviators regarding:
  - different precipitating stresses
  - different symptoms (internalized distress)
  - different behaviors (less “acting out”)
- Some stressed aviators may present with more subtle symptoms and behaviors

Don’t have the first indication of
the failing aviator be a mishap -

rticularly if your own defenses got
the way (i.e. the proverbial ostrich with
eir head in the sand = denial). ***Sometimes***
takes courage to make the right decisio

PEARL

Do not rely on the aviator to determine if he/she can or cannot compartmentalize!

Any aviator using typical defenses will say they are doing "fine."